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An Evaluation of Cesarean Section

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SUMMARY

The risks of cesarean section have been reduced in step with the increase in safety of all major surgical procedures.

In a series of 13,153 deliveries, 1,265 (9.6 per cent) were by cesarean section. There were three obstetrical maternal deaths in 11,888 cases in which delivery was by the vaginal route—0.025 per cent. In the series of 1,265 deliveries by cesarean section there was one death attributable to the operation—0.08 per cent.

The total uncorrected fetal loss following cesarean section was 3.8 per cent. This com-

pares favorably with fetal loss of 3.2 per cent in the vaginal delivery group in this series, and with fetal loss rates reported from large obstetrical centers.

Anesthesia by spinal injection is the method of choice in cesarean section. There were no maternal deaths or accidents attributable to spinal anesthetic, and in no case was it felt that fetal death was attributable to it.

The incidence of maternal morbidity in the cesarean section group following spinal anesthesia was 15.8 per cent—less than half the incidence of morbidity following inhalation anesthesia.

THAT the employment of cesarean section has increased steadily in the past decade is evident from the published statistics of obstetrical services at various hospitals throughout the country. To justify this trend, the results obtained must be comparable to or better than those hitherto considered acceptable.

The present survey covers a series of 1,265 consecutive cesarean sections carried out on the obstetrical service of the Children's Hospital, San Francisco, between January 1, 1943, and December 31, 1948. As the total number of deliveries in that period was 13,153, the incidence of cesarean section was 9.6 per cent. These operations were done by 43 physicians, including resident staff members and 15,

certified obstetricians. Ninety-five per cent of operations were on patients received in private practice. The incidence of various indications which led to cesarean section is shown in Table 1.

Cephalopelvic Disproportion and Contracted Pelvis

Patients with absolute contraction of the pelvis or with obvious disproportion were delivered by elective cesarean section. Those with borderline contraction of the pelvis were as a rule permitted a trial of labor. It is in the group of patients with borderline contraction of the pelvis that there should be critical evaluation as to the advantages which abdominal delivery may have to offer. In prolonged difficult labor and difficult operative deliveries by the vaginal route, the incidence of fetal mortality and of maternal morbidity and trauma is high. Cesarean section offers the mother as much safety as

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EDITORIAL

For Freedom in Medical Education

When the American Medical Association announced in December that it was contributing \$500,000 to a fund to aid the country's medical schools, it planted an idea that appears to be taking root rapidly. Almost immediately other contributions began to roll in—unsolicited, voluntarily donated by those who believed sincerely in the cause of freedom of our medical schools.

Before formal plans for collection and allocation of funds for the medical schools were completed, various contributors were reported to have assembled close to \$100,000 to add to the initial half million by the A.M.A. Board of Trustees. As an aid to the fund, and as representative of complete support of the idea, the Council of the California Medical Association has voted to contribute \$100,000 to this worthy movement. Five of the nation's medical schools are in California. Other state medical associations are understood to be considering appropriations of their own, in line with their financial resources.

Right now the formal machinery for gathering and allocating these funds is in operation. There has been formed an Illinois non-profit corporation known as the American Medical Education Foundation, whose sole purpose will be to aid medical education through supplying necessary funds to needy schools. Sparked by a board of directors representing the highest officials of the American Medical Association in its policy-making, administrative and scientific branches, this foundation is dedicated to "provide unrestricted funds for the use of medical schools in the training of future physicians."

As was pointed out in the January issue of CALIFORNIA MEDICINE, the word "unrestricted" is the key

to the entire movement of voluntary contributions to the medical schools. The Federal Government cannot use that word if it contributes tax funds to these schools; under its political and legal inhibitions, it would be bound in part at least to take over the management of the schools, in their curricula, teaching methods, personnel and even students. What rules and regulations would be built up under the existing governmental system of law by regulation rather than by statute, one can only imagine; if the operation of some other Government departments is a criterion, the regulation of medical schools would be carried out in such a way as to capture the institutions as bases for a push for state medicine.

The American Medical Education Foundation offers an opportunity for the physicians of the country to support their own schools and obviate the need for federal funds. Many questions as to details of the fund remain to be answered. However, there is sufficient brain-power on the board of directors to bring forth sound answers to these questions. Given a little time, this board will surely arrive at satisfactory policies to aid our medical schools and to satisfy the desires of those who contribute the funds.

At present the Foundation is aiming at annual contributions of \$100 each from the practicing physicians of the country. It is intended to establish local or county committees to supervise and encourage such contributions, which will then be added to the general fund for distribution in an equitable manner. The Foundation is seeking an opinion as to the tax-deduction status of such contributions. While this question has not yet been answered, it is

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NOTICES AND REPORTS

C. M. A. 80th Annual Session

Physicians who attend the 80th Annual Session of the California Medical Association in Los Angeles, May 13-16, will have opportunity to hear discussions on recent developments in a wide variety of medical fields, to examine a greater number of new scientific and technical exhibits than ever before, and to select from an extraordinarily full and almost continuous program of medical motion pictures. Time for divertissement has also been provided. In order that members of the House of Delegates might not be called upon to be in two places at once, no scientific meetings are scheduled for the afternoons of Sunday, May 13, and Tuesday, May 15, when the House will be in session.

Now virtually completed, the program includes 174 scientific papers to be presented by California physicians and five eminent out-of-state guests.

GUEST SPEAKERS

The President's guest has not yet been announced, but other guests of the Association and the subjects they will discuss are as follows:

Macdonald Critchley, M.D., F.R.C.P., dean of the Neurological Institute, London—"Observations on Pain," and "Recurring Utterances in Aphasic Patients."

John B. Caffey, M.D., professor of clinical pediatrics, Columbia University College of Physicians and Surgeons, New York—"Some Recently Recognized Bone Lesions in Infants and Children," and "Radiologic Aspects of Chest Diseases in Children."

Herbert D. Maier, M.D., assistant clinical professor of thoracic surgery, Columbia University College of Physicians and Surgeons—"Primary Carcinoma of the Lung," and "Treatment of Tumors of the Esophagus."

Cyrus C. Sturgis, M.D., professor of internal medicine, University of Michigan Medical School—"The Treatment of the Anemias," "Some Recent Advances in Methods of Treating Thyroid Disorders," and "The Nature and Treatment of Leukemia and Allied Conditions."

In addition, the Section on Allergy has invited as its special guest **Frank Perlman, M.D.**, clinical as-

sociate in medicine at the University of Oregon Medical School and consultant in medicine and allergy at Multnomah County Hospital, whose subject will be "Asthma and Cardiac Dyspnea."

The Section on General Medicine has invited **Marcy Sussman, M.D.**, of Phoenix, Arizona, formerly clinical professor of radiology, Columbia University College of Physicians and Surgeons, to take part in a panel discussion following a symposium on "Diseases of the Lung."

Four panel discussions will be held in the course of the Annual Session:

"Diseases of the Lung"—Monday morning.

"Cortisone and ACTH"—Tuesday morning.

"Genito-Urinary Tuberculosis"—Tuesday morning.

"What's New in Pediatrics"—Wednesday morning.

A number of the scientific sections have arranged to have their entire sectional program in a single day, thus giving their members opportunity to attend meetings of other sections if they wish. In several instances two or more sections that have a common interest in a particular subject have made plans for joint meetings.

The Biltmore Theatre, meeting rooms in the Biltmore Hotel, two auditoriums in the Philharmonic Building and the auditorium of the Southern California Edison Building, nearby, will be used for general and sectional meetings. The medical motion picture program will be divided between available rooms in the Biltmore and an auditorium in the California Fruit Growers Exchange Building a block from the hotel.

HOTEL ACCOMMODATIONS

As a large part of the Biltmore Hotel will be given over to the California Medical Association for the four days of the convention, a limited number of accommodations are still available for members of the Association wishing to have rooms there. Requests for reservations should be directed to the C.M.A. office, 450 Sutter Street, San Francisco 8,